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**SCHEDULE 1 : CONTACT AND DISCLOSURE INFORMATION****Organization Information**

TABLE 1		
1.1	Management /Central Office Identification Number	COMB207
1.2	Organization ID	10625
1.3	Balance Sheet Date - Management Co/Central Office	12/31/2022
1.4	Reporting Period: From	01/01/2022
1.5	Reporting Period: To	12/31/2022
1.6	Name of Management Company / Central Office	Spaulding Rehabilitation, Inc.
1.7	Street Address	300 1st Ave
1.8	City	Boston
1.9	State	MA
1.10	Zip	02129
1.11	Telephone	+16179525876
1.12	Fax	+16177242455
1.13	Legal Status	2
1.14	Is this information correct?	Yes

**Contact Information**

TABLE 2		
2.1	Contact person for this report:	
2.2	Name	Meredith Wasko
2.3	Firm (if not Mgmt. Company)	
2.4	Title	Corporate Controller
2.5	Street Address	399 Revolution Drive, Suite 645
2.6	City	Somerville
2.7	State	Massachusetts
2.8	Zip	02145
2.9	Telephone	+18572827620
2.10	Fax	+18572825683
2.11	E-mail address	mwasko@partners.org
2.12	Is this information correct?	Yes

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**Preparer Information**

**Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.**

TABLE 3		
3.1	I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer:	
3.3	Firm Name / Management Company	Mass General Brigham, Inc
3.4	Name of Contact	Marie Carroll
3.5	Title	Reimbursement Manager
3.6	Street Address	399 Revolution Drive, Suite 650
3.7	City	Somerville
3.8	State	Massachusetts
3.9	Zip	02145
3.10	Telephone	+18572820761
3.11	Fax	+18572825683
3.12	E-mail address	mcarroll11@mgb.org
3.13	Is this information correct?	Yes
3.14	Type of Accounting Service Performed	Compilation

**Disclosure Information**

1. This list must include the name(s), address(es) and % share of all direct and indirect owners with an interest of 5% or more in this entity. See the instructions for a definition of owner.

Column #	1	2	3	4	5
TABLE 4	Direct or Indirect?	Org Id	Name of Owner(s)	Address	% Share
4.1	InDirect	3791	Mass General Brigham	399 Revolution Drive Suite # 600 Somerville MA 02145	100.00%
4.2	Direct	15514	Spaulding Rehabilitation, Inc.	399 Revolution Drive	100.00%
400	Is this information correct?	Yes			

2. This list must include the name(s) of any Massachusetts nursing or residential care facility in which the owners listed in item #1 own directly an interest of 5% or more. For indirect ownership with an interest of 5% or more please provide information to the "Footnotes and Explanations" upload option on Schedule 7.

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Column #	1	2	3
TABLE 5	Nursing or Residential Care Facility	VPN	Name of Owner(s)
5.1	FRC, INC. dba SPAULDING NURSING & THERAPY BRIGHTON	0950658	Spaulding Rehabilitation, Inc.
500	Is this information correct?	Yes	

3. Have you reported any expenses on a related SNF-CR or RCF-CR directly, which were not allocated through Schedule 6?

600	No		
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**SCHEDULE 2 : INCOME AND EXPENSES****Income**

Table 1	Column #		1
Line #	Account	Description	Reported
1.1	3630.0	Nursing Facility Income	1,454,502
1.2	3650.0	Other Income (Enter in Sidebar)	18,608,396
1.3	3650.4	Administrative and General Recoverable Income	
1.4	3650.5	Variable Recoverable Income	
1.5	3650.2	Director of Nurses Recoverable Income	
1.6	3650.3	Fixed Recoverable Income	
100	3600.0	TOTAL INCOME	20,062,898

**Expenses**

Table 2	Column #		1	2	3
Line #	Account	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Allowable Expenses
2.1	9315.0	Officer/Owner: Compensation & Director Fees		0	0
2.2	9378.4	Officer/Owner: Payroll Taxes, Workers' Compensation and Fringe Benefits		0	0
2.3	9314.1	Administrator: Salaries			0
2.4	9378.5	Administrator: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.5	9313.1	Administrator-in-Training: Salaries			0
2.6	9378.6	Administrator-in-Training: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.7	9312.1	Administration: Salaries	8,916,574	8,916,574	0
2.8	9317.1	Clerical, Bookkeeping and Other Administrative: Salaries	2,215,860	274,345	1,941,515

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2.9	9378.3	Administration, Clerical, Bookkeeping and Other Administrative: Payroll Taxes, Workers' Compensation and Fringe Benefits	2,761,466	2,761,466	0
2.10	9379.5	Other Administrative and General (Upload details on Schedule 7.5)	2,770,991	2,770,991	0
2.11	9392.0	Maintenance and Other Property Expenses	141,105	141,105	0
2.12	9935.0	Non-Allowable Administrative and General Expenses per Regulation (Enter in Sidebar)	272,068	272,068	0
2.13	3650.4	Administrative and General Recoverable Income		0	0
2.100	9311.0	SUBTOTAL: ADMINISTRATIVE AND GENERAL EXPENSES	17,078,064	15,136,549	1,941,515
2.14	9323.3	Director of Nursing Salaries			0
2.15	9378.8	Director of Nursing: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.16	3650.2	Director of Nurses Recoverable Income		0	0
2.200	9323.0	SUBTOTAL: DIRECTOR OF NURSING	0	0	0
2.17	9323.1	Quality Assurance Professional: Salaries			0
2.18	9323.5	Indirect Restorative Therapy: Salaries			0
2.19	9323.4	Dietician: Salaries			0
2.20	9378.9	Quality Assurance Professional, Indirect Restorative Therapy, Dietician: Payroll Taxes, Workers & Compensation and Fringe Benefits			0
2.21	9323.6	Direct Restorative Therapy : Salaries		0	0
2.22	9378.2	Direct Restorative Therapy: Payroll Taxes, Workers' Compensation and Fringe Benefits		0	0
2.23	9502.2	REA-CR Other Operating Expense Add-back			0

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2.24	3650.5	Variable Recoverable Income		0	0
2.300	9324.0	SUBTOTAL: VARIABLE EXPENSES	0	0	0
2.25	9386.8	Depreciation: Building			0
2.26	9387.8	Depreciation: Improvements	849	849	0
2.27	9387.9	Depreciation: MGT-CR Capitalized Improvements			0
2.28	9388.8	Depreciation: Equipment	490,582	490,582	0
2.29	9388.9	Depreciation: MGT-CR Capitalized Equipment			0
2.30	9390.8	Depreciation: Software/Limited Life Assets			0
2.31	9390.9	Depreciation: MGT-CR Capitalized Software/Limited Life Assets			0
2.32	9381.0	Long-Term Interest			0
2.33	9380.0	Real Estate Taxes			0
2.34	9380.1	Personal Property Taxes			0
2.35	9380.2	MA Corp. Excise Tax Non-Income Portion			0
2.36	9380.5	Insurance: Building, Building Improvements, Equipment			0
2.37	9382.1	Other Equipment Rent			0
2.38	9382.2	Property Rent (Unrelated Party)			0
2.39	9382.3	Property Rent (Related Party - REA-CR Required)		0	0
2.40	9950.2	REA-CR Fixed Costs (from Schedule 3)		0	0
2.41	3650.3	Fixed Recoverable Income		0	0
2.400	9384.0	SUBTOTAL: FIXED EXPENSES	491,431	491,431	0
200	9300.0	TOTAL EXPENSES	17,569,495	15,627,980	1,941,515

**Detail of Other Income, Account 3650.0**

Table 3	1	2
Line #	Description	Reported
3.1	Other Income	18,608,396
300	SUBTOTAL: OTHER INCOME	18,608,396

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**Non-Allowable Administrative & General Expenses per Regulation 101 CMR 204.00 or 206.00, Account 9935.0**

Table 4	Column #	1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Allowable Expenses
4.1	Telephone: Advertising		0	0
4.2	Accounting: Appeal Service		0	0
4.3	Legal: Appeal Service		0	0
4.4	Legal: Other	11,468	11,468	0
4.5	Other Advertising	(43,898)	(43,898)	0
4.6	Other Management Fees		0	0
4.7	Interest on Late Payments and Penalties		0	0
4.8	Interest on Working Capital	304,498	304,498	0
400	SUBTOTAL: NON-ALLOWABLE ADMINISTRATIVE AND GENERAL	272,068	272,068	0

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**SCHEDULE 3 : ALLOWABLE FIXED ASSETS AND EXPENSES****Management Company / Central Office Fixed Assets and Expenses**

Table 1	Column #		1	2	3	4
Line #	Account	Description	Allowable Assets (Basis), Beginning of Year	Asset Additions	Asset Deletions	Allowable Assets (Basis), End of Year
1.1	9950.3	Allowable Building Depreciation Rate	2.5%			
1.2		Land				0
1.3		Building	13,000			13,000
1.4		Improvements				0
1.5		MGT-CR Capitalized Improvements				0
1.6		Equipment	2,845,000	44,000		2,889,000
1.7		MGT-CR Capitalized Equipment				0
1.8		Software				0
1.9		MGT-CR Capitalized Software				0

**Realty Company Fixed Assets and Expenses**

Table 2	Column #		1	2	3	4
Line #	Account	Description	Allowable Assets (Basis), Beginning of Year	Asset Additions	Asset Deletions	Allowable Assets (Basis), End of Year
2.1		Name of Realty Company				
2.2		Land				0
2.3		Building				0
2.4		Improvements				0
2.5		REA-CR Capitalized Improvements				0
2.6		Equipment				0
2.7		REA-CR Capitalized Equipment				0
2.8		Software				0

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2.9		REA-CR Capitalized Software				0
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**Realty Company Allowable Fixed Expenses**

**This table must agree to the Allowable Fixed Expenses in the Realty Company (REA-CR) Fixed Expenses Schedule 2 of the REA-CR.**

**Row 300 (Account 9950.2) will populate Schedule 2, Row 2.40, Column 2 of this cost report.**

Table 3	Column #		1
Line #	Account	Description	Allowable Expenses
3.1	9550.0	Depreciation: Building	
3.2	9550.3	Allowable Building Depreciation Rate	2.5%
3.3	9560.8	Depreciation: Improvements	
3.4	9562.8	Depreciation: REA-CR Capitalized Improvements	
3.5	9570.0	Depreciation: Equipment	
3.6	9571.0	Depreciation: REA-CR Capitalized Equipment	
3.7	9575.0	Depreciation: Software/Limited Life Assets	
3.8	9576.0	Depreciation: REA-CR Capitalized Software/Limited Life Assets	
3.9	9545.0	Long-Term Interest	
3.10	9540.0	Real Estate Taxes	
3.11	9540.5	Personal Property Taxes	
3.12	9545.6	MA Corp. Excise Tax Non-Income Portion	
3.13	9580.0	Insurance: Building, Building Improvements, Equipment	
3.14	9547.0	Other Equipment Rent	
3.15	3540.0	Recoverable Fixed Income	
300	9950.2	SUBTOTAL: ALLOWABLE REA-CR EXPENSES	0

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**SCHEDULE 4 : BALANCE SHEET**

<b>Current Assets</b>			
Table 1	Column #		1
Line #	Account	Description	Account Balance
	Cash		
1.1	1025.0	Cash and Equivalents	2,411,000
1.2	1040.0	Short-term Investments	19,254,000
1.3	1045.0	Current Portion Assets Whose Use is Limited	
1.100	1010.0	SUBTOTAL: CASH	21,665,000
	Accounts Receivable		
1.4	1183.0	Other Accounts Receivable	
1.5	1190.0	Interest Receivable	
1.6	1195.0	Management Fees Receivable	
1.7	1140.0	Reserve for Bad Debt	
1.200	1110.0	SUBTOTAL: ACCOUNTS RECEIVABLE	0
	Loans Receivable		
1.8	1160.0	Officers/Owners	
1.9	1170.0	Employees	
1.10	1180.0	Affiliates/Related Parties	129,974,000
1.11	1185.0	Other	
1.300	1150.0	SUBTOTAL: LOANS RECEIVABLE	129,974,000
1.12	1310.0	Other Current Assets	45,000
100	1005.0	TOTAL CURRENT ASSETS	151,684,000
<b>Non-Current (Fixed) Assets</b>			
Table 2	Column #		1
Line #	Account	Description	Account Balance
2.1	1511.1	LAND - COST	
2.2	1521.1	Building - Cost	
2.3	1522.2	Building – Accumulated Depreciation	
2.100	1520.0	BUILDING - BOOK VALUE	0
2.4	1611.1	Building Improvements – Cost	13,000
2.5	1612.2	Building Improvements – Accumulated Depreciation	(9,000)

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2.200	1610.0	BUILDING IMPROVEMENTS - BOOK VALUE	4,000
2.6	1616.1	MGT-CR Capitalized Improvements – Cost	
2.7	1617.2	MGT-CR Capitalized Improvements – Accumulated Depreciation	
2.300	1615.0	MGT-CR CAPITALIZED IMPROVEMENTS - BOOK VALUE	0
2.8	1651.1	Equipment - Cost	2,889,000
2.9	1652.2	Equipment – Accumulated Depreciation	(1,785,000)
2.400	1650.0	EQUIPMENT - BOOK VALUE	1,104,000
2.10	1661.1	MGT-CR Capitalized Equipment – Cost	
2.11	1662.2	MGT-CR Capitalized Equipment – Accumulated Depreciation	
2.500	1660.0	MGT-CR CAP EQUIPMENT - BOOK VALUE	0
2.12	1701.1	Motor Vehicles – Cost	
2.13	1702.2	Motor Vehicles – Accumulated Depreciation	
2.600	1700.0	MOTOR VEHICLES - BOOK VALUE	0
2.14	1710.1	Software - Cost	
2.15	1710.2	Software – Accumulated Depreciation	
2.700	1710.0	SOFTWARE - BOOK VALUE	0
2.16	1715.1	MGT-CR Capitalized Software – Cost	
2.17	1715.2	MGT-CR Capitalized Software – Accumulated Depreciation	
2.800	1715.0	MGT-CR Capitalized Software – Book Value	0
200	1500.0	TOTAL NON-CURRENT (FIXED) ASSETS	1,108,000

**Deferred Charges and Other Assets**

Table 3	Column #		1
Line #	Account	Description	Account Balance
3.1	1965.0	Long Term Investments	49,015,000
3.2	1966.0	Non-Current Asset Whose Use is Restricted	
3.3	1985.0	Other (Enter in Table 4)	0
3.4	1975.1	Mortgage Acquisition Cost	
3.5	1975.2	Accumulated Amortization of Mortgage Acquisition Cost	
3.100	1975.0	UNAMORTIZED MORTGAGE ACQUISITION COST	0
300	1900.0	TOTAL DEFERRED CHARGES AND OTHER ASSETS	49,015,000

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**Deferred Charges and Other Assets**  
**Detail of Other Assets, Account 1985.0**

Table 4	1	2
Line #	Description	Account Balance
4.1		
400	SUBTOTAL ACCOUNT	0

**Total Assets**

Table 5	Column #		1
Line #	Account	Description	Account Balance
500	1000.0	Total Assets	201,807,000

**Current Liabilities**

Table 6	Column #		1
Line #	Account	Description	Account Balance
	Accounts Payable		
6.1	2020.0	Trade	
6.2	2030.0	Accrued Expenses	
6.100	2010.0	SUBTOTAL: ACCOUNTS PAYABLE	0
	Current Long-Term Debt		
6.3	2110.0	Officer, Owner, Related Parties	
6.4	2120.0	Subsidiaries and Affiliates	448,000
6.5	2130.0	Banks	
6.6	2140.0	Motor Vehicles	
6.7	2150.0	Other Short-Term Financing	
6.8	2160.0	Payments Due w/in one year on long-term debt	
6.200	2100.0	SUBTOTAL: TOTAL CURRENT LONG-TERM DEBT	448,000
	Accrued Salaries and Payroll Liabilities		
6.9	2190.0	Accrued Salaries	423,000
6.10	2200.0	Accrued Payroll Tax withheld	
6.11	2210.0	Accrued Employee Taxes Payable	
6.12	2220.0	Other Payroll Liabilities	
6.300	2180.0	SUBTOTAL: ACCRUED SALARIES & PAYROLL LIABILITIES	423,000

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6.13	2230.0	Other Current Liabilities	
600	2005.0	TOTAL CURRENT LIABILITIES	871,000
<b>Non-Current Liabilities</b>			
Table 7	Column #		1
Line #	Account	Description	Account Balance
7.1	2310.0	Mortgages	
7.2	2330.0	Due to Affiliates/Related Parties	
7.3	2320.0	Other Long-Term Debt	6,887,000
700	2300.0	TOTAL NON-CURRENT LIABILITIES	6,887,000
<b>Total Liabilities</b>			
Table 8	Column #		1
Line #	Account	Description	Account Balance
800	2800.0	Total Liabilities	7,758,000
<b>Net Worth</b>			
Table 9	Column #		1
Line #	Account	Description	Account Balance
	Not-for-Profit		
9.1	2410.0	Unrestricted Net Assets	192,610,000
9.2	2420.0	Temporarily Restricted Net Assets	114,000
9.3	2430.0	Permanently Restricted Net Assets	1,325,000
9.100	2400.0	Total Net Assets	194,049,000
900	2500.0	TOTAL NET WORTH	194,049,000
<b>Total Liabilities and Net Worth</b>			
Table 10	Column #		1
Line #	Account	Description	Account Balance
1000	2000.0	Total Liabilities and Net Worth	201,807,000

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**SCHEDULE 5 : RECONCILIATION OF INCOME & EXPENSES****Part 1: Reconciliation on Income and Expenses per Books to Cost Report**

<b>Net Income/Loss per MGT-CR</b>			
Table 1	Column #		1
Line #	Account Number	Description	Amount
1.1	3600.0	Total income reported on MGT-CR (Schedule 2)	20,062,898
1.2	9300.0	Total operating expenses on MGT-CR (Schedule 2)	17,569,495
100		MGT-CR Net income/(loss) before reconciling items	2,493,403
<b>Reconciling Items</b>			
<b>Items reported on MGT-CR but not on Financials. Explain below.</b>			
Table 2	Column #	1	2
2.1			
200	2905.0	Subtotal	0
<b>Items reported on Financials but not on MGT-CR. Explain below.</b>			
Table 3	Column #	1	2
3.1			
300	2910.0	Subtotal	0
Table 4		1	
400	<b>NET INCOME/(LOSS) PER FINANCIALS</b>		2,493,403
4.1	<b>Explanation</b>		

**Part 2: Reconciliation of Net Worth****Prior Period Adjustments, Account 2915.0**

Table 7	1	2
Line #	Description	Amount
7.1	Prior Year Adjustment	19,283,597
7.2		
7.3		
7.4		
7.5		
7.6		

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7.7		
700	Total Account	19,283,597

NON-PROFIT						
Table 8	Column #		1	2	3	4
Line #	Account Number	Description	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total Net Assets
8.1		Balance: PRIOR YEAR	170,833,000	409,000	925,000	172,167,000
8.2		Increases (decreases)				
8.3	2915.0	Prior Period Adjustment(s)	19,283,597			19,283,597
8.4		MGT-CR Net Income / (Loss)	2,493,403			2,493,403
8.5	2940.0	Gain(Loss) on Investments				0
8.6	2945.0	Contributions, Gifts and Other				0
8.7	2950.0	Change in Unrealized Gains				0
8.8	2955.0	Net Assets Released from Restriction for Property or Equipment				0
8.9	2960.0	Other		(295,000)	400,000	105,000
800		Balance: CURRENT YEAR	192,610,000	114,000	1,325,000	194,049,000
		Account Number	2410.0	2420.0	2430.0	2500.0

**Part 3: Earnings and Compensation Disclosures**

**This schedule is used to report the name(s) of the owner, officer or partner, and disclose the salary and other compensation paid as well as the accounts that were charged.**

Table 9	1	2	3	4	5	6	7	8	9	10
Line #	Account Number	Last Name	First Name	Officer, Partner, Related Party	Title	% of Time Devoted	Salary & Benefits	Draw / Dividends	Other	TOTAL
<b>Sole Proprietorship</b>										
9.1	2530.0					.00%				0
9.2						.00%				0
9.3						.00%				0
										0
Table 10	1	2	3	4	5	6	7	8	9	10

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**Partnership, Limited Liability Company (LLC)**

10.1						.00%				0
10.2						.00%				0
10.3						.00%				0
										0
Table 11	1	2	3	4	5	6	7	8	9	10

**Corporation**

11.1	9312.1 - Administra tion: Salaries	Storto	David	Officer	President	100.00%	720,636		214,873	935,509
11.2	9312.1 - Administra tion: Salaries	Banks	Maureen	Officer	Chief Operating Officer	100.00%	547,513		140,567	688,080
11.3	9312.1 - Administra tion: Salaries	Sedacca	Sandra	Officer	SVP for Philanthro py, Chief Developm ent Officer	100.00%	322,174		117,673	439,847
										2,063,436

**Part 4: Five Highest Paid (including salaries, payroll taxes, workers compensation, other fringe benefits, and draws)  
List the names and compensation of the five employees who have the highest compensation being reported on this report.**

Table 12	Column #	1	2	3	4	5	6	7	8	9
Line #	Account	Last Name	First Name	Officer, Partner, Related Party	Title	% of Time Devoted	Salary, Taxes, Workers' Comp. & Fringe Benefits	Draw	Other	TOTAL
12.1	7710.1	Storto	David	Officer	President	100.00%	720,636		214,873	935,509
12.2	7711.1	Banks	Maureen	Officer	Chief Operating Officer	100.00%	547,513		140,567	688,080
12.3	7712.1	Sedacca	Sandra	Officer	SVP for Philanthro py, Chief Developm ent Officer	100.00%	322,174		117,673	439,847

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12.4	7713.1	Mondejar	Oswald	Officer	SVP Mission and Advocacy	100.00%	312,107		104,587	416,694
12.5	7714.1	McCall	Robert	Officer	SVP Network Developm ent and IP Rehab	100.00%	282,834		96,302	379,136

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**SCHEDULE 6 : ALLOWABLE EXPENSE ALLOCATION****Provide allocation to Massachusetts Nursing and Residential Care Facilities, Non-Mass Nursing and Residential Care Facilities**

Column #	1	2	3	4	5	6
Table 1	Facility Name	VPN	Administrative and General			
			Shared Administrative & General Expense	Other Direct Administrative & General Expense	Total MGT-CR Administrative & General Add-back	
Line #	Part A: Massachusetts Nursing and Residential Care Facilities Only		%	\$	\$	\$
1.1	FRC, INC. dba SPAULDING NURSING & THERAPY BRIGHTON	0950658		1,941,515		1,941,515
100	PART A: Total Massachusetts Nursing and Residential Care Facilities		0.0000%	1,941,515	0	1,941,515
200	PART B: Total Non-MA Nursing and Residential Care Facilities					0
300	PART C: Total Non-Nursing/Residential Care Facility Business					0
400	TOTAL ADJUSTED MANAGEMENT COMPANY / CENTRAL OFFICE EXPENSES		0.0000%	1,941,515	0	1,941,515
	Identify Allocation Method(s) Used Above					
500						
600						

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s and Other Nursing and Residential Care Facility business in the grid below.

7	8	9	10	11	12	13	14
al Expenses			Director of Nurses Salary, Taxes & Benefits	Variable Expenses			
Administrator Salary, Taxes & Benefits	Administrator- in- Training Salary, Taxes & Benefits	Total Allowable Administrative & General Expense		Dietician Salary, Taxes & Benefits	Indirect Restorative Therapy Salary, Taxes & Benefits	Quality Assurance Professional Salary, Taxes & Benefits	REA-CR Othe t
\$	\$	\$	\$	\$	\$	\$	%
		1,941,515					
0	0	1,941,515	0	0	0	0	0.0000%
		0					
		0					
0	0	1,941,515	0	0	0	0	0.0000%

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15	16	17	18	19
or Operating Add-back	Total Allowable Variable Expenses	Total Allowable Fixed Expenses (from MGT-CR Sch. 3)		Total Allowable Expenses
\$	\$	%	\$	\$
	0			1,941,515
0	0	0.0000%	0	1,941,515
	0			0
	0			0
0	0	0.0000%	0	1,941,515

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**SCHEDULE 7 : FOOTNOTES AND OTHER DISCLOSURES****(1) Footnotes and Explanations**

Upload Type: Excel, Word, or PDF

This schedule is used to provide detail to any of the information included in this report.

Note: This file is mandatory if Schedule 1 Line 3.14 ("Type of Accounting Service Performed") has "Other" selected, and/or if Schedule 1 Line 600 has been checked "Yes."

**(2) Organizational Structure**

Upload Type: Excel, Word, or PDF

Supply the Center with a macro organizational chart of your complete business structure.

Shade in each component of your organizational chart from which costs are allocated to your Massachusetts Nursing or Residential Care Facilities.

Note: This file is mandatory for all users

**(3) Non-MA Facilities**

Upload Type: Excel Template

List the name(s) of any non-Massachusetts nursing or residential care facilities in which any direct/indirect owners listed in Schedule 1, Table 4 of this report own, directly or indirectly, an interest of 5% or more.

This information must be submitted in the format of the template provided.

Note: This is mandatory if this section applies to the filing Management Company

**(4) Related Party Markup, Account 9382.3**

Upload Type: Excel Template

Indicate any entity, person or related party as defined in REGULATION 101 CMR 206.00 and that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives

any salary, fee or other compensation from this company. Indicate the amount paid by this company for this reporting year. (Attach addendum if necessary.)

This information must be submitted in the format of the template provided.

Note: If Schedule 2 Line 2.39 (Account 9382.3, Expenses: Property Rent) has reported information, this file must be completed and uploaded.

**(5) Other Administrative and General, Account 9379.5**

Upload Type: Excel Template

Provide a detailed listing of all expenses being reported in Account 9379.5, Other Administrative &amp; General on Schedule 2.

This information must be submitted in the format of the template provided.

Note: If Schedule 2 Line 2.10 (Account 9379.5) has reported information, this file must be completed and uploaded.

**(6) Financial Statement Documentation**

Upload Type: PDF

To satisfy the financial statement requirement, providers must file one of the following forms of acceptable documentation.

As per 957 CMR 7.00: If a Provider or its parent organization is required or elects to obtain independent audited financial statements for purposes other than 957 CMR 7.00, the

Provider must file a complete copy of its audited financial statements with the Center, that most closely correspond to the Provider's Nursing Facility cost report fiscal period. If the

Provider or its parent organization does not obtain audited financial statements but is required or elects to obtain reviewed or compiled financial statements for purposes other than

957 CMR 7.00, the Provider must file with the Center a complete copy of its financial statements that most closely correspond to the Nursing Facility cost report fiscal period. Nothing

in this section shall be construed as an additional requirement that nursing homes complete audited, reviewed, or compiled financial statements solely to comply with the Center's

reporting requirements.

Please select one option from the menu, and upload applicable files for choices A or B. They are listed in descending order of preference:

☒ A) Audited Financial Statement: Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA).

☐ B) Unaudited Financial Statement: Unaudited financial statements for the reporting year.

☐ C) Financial Statements Unavailable: The Provider or parent organization did not complete audited, reviewed, or compiled financial statements for purposes other than 957 CMR 7.00.

Note: If A or B are selected Providers need to submit a financial statement. If C is selected an upload is not required.

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File Submission History				
Date Uploaded	File	File Name	File Type	Uploaded By
8/4/2023 11:15:42 AM	(2) Organizational Structure	SRN Executive Leadership Org Chart_April 2023.pdf	application/pdf	Marie Abdella
8/4/2023 11:16:04 AM	(5) Other Administrative and General, Account 9379.5	OtherAdmin.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Marie Abdella
8/4/2023 11:16:31 AM	(6) Financial Statement Documentation	MGB 2022 Consolidated.pdf	application/pdf	Marie Abdella

**SCHEDULE 8 : SUBMISSION ATTESTATION SECTIONS****Section A - Certification by Preparer (Other than Owner, Partner, or Officer)**

1.1	<input type="checkbox"/> Use login users information to fill fields below	
1.2	Firm Name	Mass General Brigham, Inc.
1.3	Preparer's Last Name	Carroll
1.4	Preparer's First Name	Marie
1.5	Preparer's Middle Name	E
1.6	Title	Reimbursement Manager
1.7	Preparer's Address	399 Revolution Drive, Suite 650
1.8	City	Somerville
1.9	State	Massachusetts
1.10	Zip Code	02145
1.11	Phone Number	8572820761
1.12	Email Address	mcarroll11@mgb.org
1.13	Is this information correct?	Yes
1.14	<input checked="" type="checkbox"/> By checking this box I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.15	Date of Authorization:	08/04/2023
	Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes. If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.14.	

**Section B - Certification by Owner, Partner, or Officer**

I declare and affirm under the penalties of perjury that this cost report and supporting schedules have been examined by me and, to the best of my knowledge and belief, are a true and correct statement of total operating expenditures, balance sheet, earnings and expenses, and other required information. Further, I declare that the report and supplemental information were prepared from the books and records of the provider, unless otherwise noted, in accordance with applicable federal and state laws, regulations and instructions. I understand that any payment resulting from this report will be from state and federal funds and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable federal and state laws. I also understand that this report and supporting schedules are subject to audit and verification by the Center for Health Information and Analysis or any other state or federal agency or their subcontractors. I will keep all records, books, and other information pertaining to this cost report for a period of five years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

2.1	[ ] Use login users information to fill fields below	
2.2	Last Name	Wasko
2.3	First Name	Meredith
2.4	Middle Name	L
2.5	Title	Corporate Controller
2.6	Is this information correct?	Yes
2.7	[x] By checking this box I hereby certify that I am the authorizing person of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.8	Date of Authorization:	08/04/2023
Please note once the Submit button is clicked, this Cost Report and all attachments will be submitted to CHIA for review and finalized. This Cost Report can then only be reopened by contacting CHIA and submitting a request.		
Please submit all requests to Costreports.LTCF@CHIAMass.gov along with the following information:		
a) User Name		
b) User E-Mail Address		
c) Organization Name		
d) Applicable Filing Year		
e) Reason for request		